

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-006148**

GENERATOR (Generator Must Complete)

② Name **ALUMINUM COMPANY OF AMERICA
VERNON WORKS**
EPA NO. **C A D 0 7 4 1 2 6 6 8 1**
Address **5151 ALCOA AVE.** Phone No. **588-6441**
City, State, Zip **VERNON, CA 90058**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name **OPERATING INDUSTRIES**
EPA NO. **C A D 0 8 0 0 1 2 0 2 4**
Address **900 N. POTRERO GRANDE DR.**
City, State, Zip **MONTEREY PARK, CA**

④ Alternate TSD Facility

Name **BKK CO.**
EPA NO. **C A D 0 6 7 7 8 6 7 4 9**
Address **2210 AZUSA AVENUE**
City, State, Zip **WEST COVINA, CA**

SFUND RECORDS CTR
999000370

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER: 1
WASTE			5000	35 L	TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER
WASTE					

⑥ WASTE CATEGORY XX #7	⑦ EX. HAZ. WASTE PERMIT NO.	⑧ GENERATING PROCESS ALUMINUM FABRICATION
LIST COMPONENTS:	CONC. UPPER RANGE LOWER	CONC. UPPER RANGE LOWER
⑨ A. WATER	42	
B. SLUDGE	2	
C.		
D.		
⑩ WASTE PROPERTIES: pH 7	<input type="checkbox"/> Toxic <input type="checkbox"/> Flr	
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge		
⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Gr		

GENERATOR CERTIFICATION: This is to certify that the above nar the applicable regulations of the Department of Transportation and Ef

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**
EPA NO. **C A D 0 2 8 2 7 7 0 3 6**
ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 32**
CITY, STATE, ZIP **Gardena, California 90249**

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **OPERATING INDUSTRIES** ⑱ QUANTITY (If Measured) _____
EPA NO. **C A D 0 8 0 0 1 2 0 2 4** ⑲ STATE FEE (If Any) _____
PHONE NO. **588-6441**

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____

㉑ NAME _____
EPA NO. _____

㉒

Signature of Authorized Agent and Title

or transportation according to

3/30/83
Date Shipped

March 1983

3-30-83
☐ AM ☒ PM
3-30-83
Date

DISPOSAL METHOD:

Soundment ☐ Landfill

fill ☐ Land Treatment

☐ Treatment (Specify) _____

☐ Recovery or Reuse

☐ Storage/Transfer

Date Accepted

T.S.D.F. COPY